

Youth Mental Health in SWVA

Understanding Potential Solutions to Building Resilience and Promoting Wellbeing



2024

About the Data in this Report:

Data shared in this report was collected via a collaborative partnership between the six Community Services Boards in the region, eight school districts, and EO staff. The team developed a survey that drew on questions from the CDC's Youth Risk Behavior Survey and resilience-based metrics. The survey was distributed by classroom teachers to 7th, 9th, and 11th grade students in participating school districts who received parental consent via an opt-out form sent home. Parents had 30 days to review the survey before making their decision. Data was collected from February to April of 2024. The final sample consists of **3,570 responses**: 1,770 7th graders, 889 9th graders, and 911 11th graders. Students were between the ages of 12 and 18 years old. The sample was representative of the region by sex (evenly split male/female), race (predominately White; 84%) and ethnicity (predominately non-Hispanic; 91%).

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The Growing Need to Understand Youth Mental Health in the Region

Youth mental health has been a growing crisis at the state and national level for several years. In 2021, around 20% of surveyed middle- and high-school students in Virginia reported seriously considering suicide, and almost 10% reported attempting suicide¹. These rates have been trending upwards over time and were likely exacerbated by the COVID-19 pandemic. As of 2023, according to Mental Health America, the Commonwealth of Virginia ranks 48th in the nation for youth mental health. Specifically, there is a greater prevalence of mental illness and lower rates of access to care in Virginia when compared to other states. In their 2023 survey, 29% of youth reported suffering from at least one major depressive episode in the past year and 7% of youth reported a substance use disorder. The lack of access to mental health services is clear: 60% of youth with major depression did not receive any mental health treatment².

#48

in the nation for
youth mental health



It is important to understand these national trends within the local context of Southwest Virginia, a predominately rural, Appalachian community. In general, rural areas face additional challenges in navigating mental health. Mental health professionals are in low supply, costs are high, transportation to and from is more difficult and time consuming than in

dense urban areas, and these communities are more susceptible to stigma around needing or receiving services³. Appalachians have disproportionately higher rates of mental health problems, but have low access to remediation services⁴. In Southwest Virginia, there is approximately 1 mental health provider per more than 1,000 individuals³. Compared to the rest of the state, the region has higher rates of Medicare beneficiaries with depression-related office visits, suicide, and opioid prescription claims⁵, along with local Community Services Boards serving a higher proportion of adults with serious mental illnesses⁶.

Given the trends found in youth mental health broadly and data regarding adult mental health in the region, it is crucial to understand how these two factors intersect. To date, there is little data to help us understand the mental health and well-being of youth in Southwest Virginia. More critically, it is important to understand the role of the existing protective factors that can be leveraged to support youth mental health and resilience. This report shares new data collected in the spring of 2024 that provides insight into these topics for the region's youth.



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SWVA's Youth Mental Health Landscape

Most youth (77%) in Southwest Virginia report having average to excellent mental health. However, almost one in four reports struggling with their mental well-being. Reported mental health tends to be better among younger students: one in three 11th graders reported poor mental health compared to one in five 7th graders. Despite these differences, rates of self-harm and suicide consideration/planning were similar across grades. Around one in four students reported harming themselves at some point, and although the percentage of students considering suicide has declined from data collected in a 2020⁷ survey, an alarming number (14%) still report these experiences of contemplation. Almost 200 middle and high school students surveyed reported attempting suicide within the last year.

1 in 4 students



reported harming themselves at some point.

Just over half of youth who reported having poor mental health also reported having received some kind of mental health treatment service from a professional, including therapists, psychiatrists, and/or school counselors. Yet, they were less

likely than their peers to feel that mental health services were available to them when needed. These students may feel that although they received help at some point, they may not have been receiving the services they needed, nor at the rate they felt they needed them.

STUDENTS MOST AT RISK FOR POOR MENTAL HEALTH:

- 1 Female Students
- 2 Students from minority backgrounds
- 3 Those with adverse experiences

Challenges with mental health are not universal. Differences in reported mental health experiences were found across race, sex, and for students who reported certain adverse experiences. Non-white students were slightly more likely to report having poor mental health, and female students were almost twice as likely to report poor mental health than their male peers. Experiencing homelessness, being a victim of either in-person or electronic bullying, or living with a parent or guardian with substance use problems also led to lower mental health ratings. Students who live with a parent or guardian with mental health issues were four times as likely to struggle with their own mental health than their peers.

SWVA’s Youth Mental Health Landscape (Cont.)

Living with any of the aforementioned adverse experiences takes a toll on students’ well-being. 94% of students who did not report any of these experiences reported overall better mental health, compared to 70% who experienced at least one. The more of these events students’ experience, the lower they rated their mental health. Additionally, these experiences lead to maladaptive coping strategies. Across all students, one in three reported using substances, and 12%

reported using illicit substances. However, for students who reported poor mental health, 56% reported using any substance (compared to 24% of students reporting good mental health) and 22% reported using illicit substances (compared to 9% reporting good mental health). Across all grades, students reporting any one or multiple of these adverse experiences were more likely to self-harm and consider, plan, and attempt suicide.

Comparison of Substance Use by Mental Health Rating

Poor Mental Health	Good Mental Health
55.8% Used at Least One Substance	23.5% Used at Least One Substance
44.2% Did Not Use Any Substances	76.5% Did Not Use Any Substances

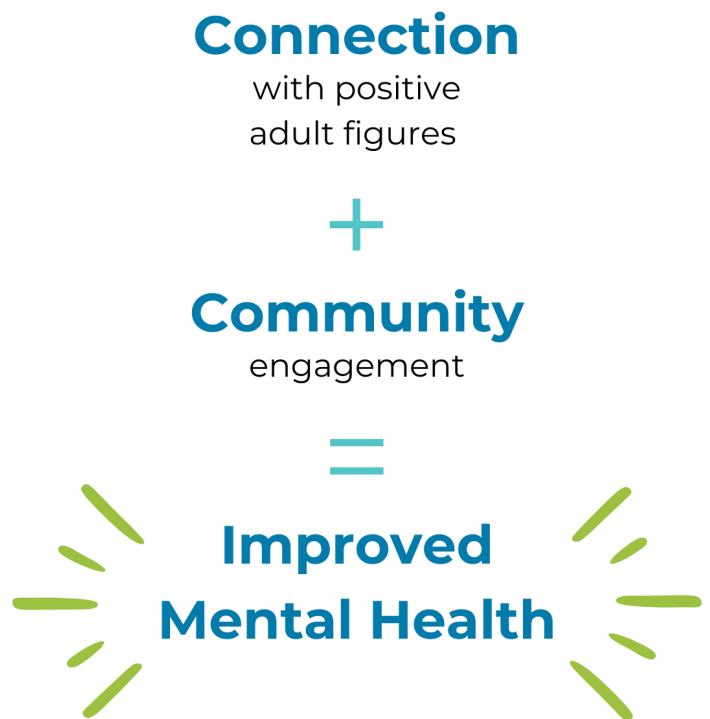


Protective Factors in Students' Lives + Impacts on Well-Being

With almost a quarter of students struggling, it is necessary to identify and understand ways to provide support and mitigate the likelihood of harmful coping strategies. Research has found that social relationships for youth, especially those with a trusted and caring parental/guardian figure, are important to promoting resilience and greater well-being^{8,9}.

In Southwest Virginia, approximately 70% of middle and high school students reported that they have someone to talk to about their emotions or experiences. Nine out of ten students reported having an adult in their household who looked after them, ensured that their basic needs were met, loved them, and cared about their academic progress.

Connection to one's school and community is also important for youth well-being¹⁰. Overall, 76% of students reported feeling close to others in their school. Younger students were more likely to report feeling close to their school community (80%) compared to 9th (76%) and 11th (69%) grade students. Similarly, the majority (70%) of students felt a connection to their community outside of school. Again, younger students were more likely to perceive connection to their community compared to high school students. Students who reported volunteering in some capacity (e.g., with a club or their church) for at least 1 hour a week were also more likely to feel connected to their community.



Protective Factors in Students' Lives + Impacts on Well-Being

The presence of these close relationships and connections in students' lives showed a positive impact on their overall mental health. The more of these positive relationships students felt were present, the less likely they were to use substances, self-harm, or attempt suicide.

Feeling close and connected to people at school and the community, feeling that their parents/guardians love them, and having a trusted adult to turn to when needed were related to better mental health. Having this sense of connection to adults, peers, and their community was especially important for youth who reported any number of adverse experiences. For example, students living with parents/guardians with mental health challenges, but still had a trusted person to talk with about their emotions, reported

overall better mental health than youth in those circumstances without that trusted person.

The role of a positive adult figure acted as a buffer for students with adverse experiences. These students were 25% less likely to report engaging in self-harm or using substances than students with adverse experiences who also did not feel they had a positive figure.

Having a sense of community played a similar role. Students who felt connected to their school or broader community were 3 times less likely to consider suicide and half as likely to report using illicit substances. In fact, having these protective factors was just as important for decreased negative outcomes as having access to mental health services.

Students with adverse childhood experiences that had access to mental health services were

3x less likely

to report considering suicide than those who did not.

Students with adverse childhood experiences that had a sense of community were

2.5x less likely

to report considering suicide than those who did not.

Promoting Quality Connections to Impact Youth

Research has found that three out of four mental health and substance use disorders emerge during adolescence and that the experience of traumatic or otherwise adverse events can negatively affect youth's ability to cope¹¹. In the Appalachian context, youth are more likely than their national peers to be exposed to the negative effects of poverty, substance use, and mental illness. This does not have to be prescriptive for youth's well-being outcomes.

Understanding the youth mental health landscape in Southwest Virginia and the preventative impacts of community and positive relationships on their well-being is crucial.

This report revealed that, like much of the nation, many students are struggling. Female students, students from minority backgrounds, and those who reported at least one adverse experience disproportionately reported poorer mental health and a greater likelihood of related maladaptive coping behaviors (e.g., self-harm, substance use) than their peers. At

the same time, there are many factors for youth that can serve as early interventions or prevention. Having a positive, trusted adult in their lives and feeling connected to their school and broader community were key preventative factors. This was found to be especially true for those most at risk for mental health challenges. Across the board, youth who had access to these relationships reported greater well-being.

While most students in the region reported overall good mental health, at least one in four need support. Although there is a definite need for greater access to mental health services, it cannot be understated how beneficial connection with positive adult figures and the community is for adolescent outcomes. Almost one in three students reported not having some of these key relationships in place. Fostering youth engagement, community, and building relationships between trusted adults and fellow students can pave a path forward to positive mental health and well-being for the region's youth.



Sources

- 1:** Self-Harm and Suicide Among Virginia Youth Aged 9-18 Years, 2015-2021, Virginia Department of Health www.vdh.virginia.gov/content/uploads/sites/110/2022/04/Youth_SelfHarm_Suicide_Report.pdf
- 2:** Youth Ranking Data, Mental Health America 2023 [https://www.mhanational.org/issues/2023/mental-health-america-youth-data#:~:text=Youth%20with%20At%20Least%20One%20Major%20Depressive%20Episode%20\(MDE\)%202023&text=16.39%25%20of%20youth%20\(age%2012,during%20the%20COVID%2D19%20pandemic.](https://www.mhanational.org/issues/2023/mental-health-america-youth-data#:~:text=Youth%20with%20At%20Least%20One%20Major%20Depressive%20Episode%20(MDE)%202023&text=16.39%25%20of%20youth%20(age%2012,during%20the%20COVID%2D19%20pandemic.)
- 3:** Mental Health Facts for Appalachian People, American Psychiatric Association, 2018 <https://www.psychiatry.org/getmedia/395d3f07-0f37-4802-94a2-0bd584ffbc63/Mental-Health-Facts-for-Appalachian-People.pdf>
- 4:** Strengthening Mental Health Care in Southwest Virginia, Virginia State Office of Rural Health, 2023 www.vdh.virginia.gov/content/uploads/sites/76/2023/01/Strengthening-Mental-Health-Care-in-Southwest-Virginia.pdf
- 5:** CSB Behavioral Health Services Report, JLARC, 2022 jlarc.virginia.gov/pdfs/reports/Rpt571.pdf
- 6:** Health Disparities in Appalachia: Behavioral Health, Appalachian Regional Commission, 2021 https://www.arc.gov/wp-content/uploads/2021/02/Health_Disparities_in_Appalachia_Behavioral_Health_Domain.pdf
- 7:** School Climate Survey, Department of Criminal Justice Services, 2020 <https://www.dcjs.virginia.gov/virginia-center-school-and-campus-safety/school-safety-survey/secondary-school-climate-survey>
- 8:** The Importance of Connections on Our Well-Being, Berkeley ExecEd, 2024, <https://executive.berkeley.edu/thought-leadership/blog/importance-connections-our-well-being#:~:text=Connections%20can%20be%20just%20as,factors%20and%20boost%20life%20expectancy.>
- 9:** Supportive Relationships with Trusted Adults for Children and Young People Who Have Experienced Adversities: Implications for Social Work Service Provision, The British Journal of Social Work, 2023 <https://academic.oup.com/bjsw/article/53/6/3129/7091809>
- 10:** Aiding Youth Mental Health through Community Connection, National Civic League, 2022 <https://www.nationalcivicleague.org/aiding-youth-mental-health-through-community-connection/>
- 11:** Marginalized Youth, Mental Health, and Connection with Others: A Review of the Literature, Montclair State University Digital Commons, 2019 <https://digitalcommons.montclair.edu/cgi/viewcontent.cgi?article=1153&context=social-work-and-child-advocacy-facpubs>